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PATENT APPLICATION FEE DETERMINATION	ION RECORD	Applica	ays a valid OMB	control number
odostitute for Form P10-875			10/086	494
CLAIMS AS FILED - PART I (Column 1) (Column 2)	SMALL ENTITY	OR	OTHE SMALI	R THAN ENTITY
BASIC FEE NUMBER FILED NUMBER EXTRA	RATE FEE]	RATE	
(37 CFR 1.16(a)) TOTAL CLAIMS	Basic 370	OR		S_
(37 CFR 1.16(c)) minus 20 =	x = Q = Q	OR	X \$_ =	
(37 CFR 1.16(b))	X \$=	OR	X \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))	+ 5 =	OR		
If the difference in column 1 is less than zero, enter "0" in column 2.	TOTAL 319	1	+ \$=	
CLAIMS AS AMENDED – PART II	OT Y	OR	TOTAL	L
(Column 1)		. 17		
CLAIMS HICHEST (COMMINIS)	SMALL ENTITY	OR	OTHER SMALL	R THAN ENTITY
	RATE ADDI-		RATE	ADDI-
AMENDMENT PAID FOR Total OJ CFR 1.16(c) Minus	TIONAL FEE			TIONAL FEE
NUMBER PREVIOUSLY EXTRA	X \$=	OR	X \$=	
FIRST PRESENTATION OF ANN TOUS STATE	X \$=	OR	X \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	+ \$=	OR	+5 =	
	TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)			VODE LEE [
REMAINING NUMBER PRESENT AFTER PREVIOUSLY EXTRA AMENDMENT PAID FOR	RATE ADDI- TIONAL	•	RATE	ADDI- TIONAL
O (37 CFR 1.16(c)) Minus "10	X \$ =	-		FEE
Total (37 CFR 1.18(c))		OR	× \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	X \$=	OR .	X \$=	
(= 0.11.1.0(a))	+ \$ = TOTAL	-	+ s =	
(Column 1) (Column 2) (Column 2)	ADD'L FEE		TOTAL ADD'L FEE	
O CLAIMS HIGHEST COlumn 3)		_		
REMAINING NUMBER PRESENT PREVIOUSLY EXTRA	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Z Independent	X \$=	OR X	1	FEE
(37 CFR 1.16(b)) 4 Minlys	X \$=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	+ \$ =			
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. • If the "Highest Number Previously Paid For" IN TABLE CO.	TOTAL ADD'L FEE	T	OTAL DD'L FEE	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, en The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, en The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter The "Highest Number Previously Paid For" (Total or Independent) is the highest state of the previously Paid For" (Total or Independent) is the highest state of the previously Paid For" (Total or Independent) is the highest state of the previously Paid For (Total or Independent) is the highest state of the previously Paid For (Total or Independent) is the highest state of the previously Paid For (Total or Independent) is the highest state of the previously Paid For (Total or Independent) is the highest state of the previously Paid For (Total or Independent) is the highest state of the previously Paid For (Total or Independent) is the highest state of the previously Paid For (Total or Independent) is the highest state of the previously Paid For (Total or Independent) is the highest state of the previously Paid For (Total or Independent) is the highest state of the previously Paid For (Total or Independent) is the highest state of the previously Paid For (Total or Independent) is the highest state of the previously Paid For (Total or Independent) is the highest state of the previously Paid For (Total or Independent) is the highest state of the previously paid For (Total or Independent) is the highest state of the previously paid For (Total or Independent) is the highest state of the previously paid For (Total or Independent) is the highest state of the previously paid For (Total or Independent) is the highest state of the previously paid For (Total or Independent) is the highest state of the previously paid For (Total or Independent) is th	nter *20*			

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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